

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-623-981** FILING DATE **07-21-03**
 APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		2				
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100						
TOTAL IND.	1					
TOTAL DEP.		17				
TOTAL CLAIMS	18					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						